



SHELBY PUBLIC SCHOOLS

"Learning today for a successful tomorrow"



525 N. State Street
Shelby, MI 49455

Phone: 231-861-5211
Fax: 231-861-5416

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR:		
NAME (Last, First, Middle)		
STREET ADDRESS		CITY
STATE AND ZIP	TELEPHONE NUMBER:	E-MAIL:
ARE YOU 18 YEARS OLD OR OLDER?		
WHAT PROMPTED YOUR APPLICATION?		
HAVE YOU EVER FILLED OUT AN APPLICATION WITH US BEFORE?	DATE YOU CAN BEGIN WORK:	APPLYING FOR: FULL TIME _____ PART TIME _____ SUBSTITUTE _____
IF YES, WHEN:		
HAVE YOU EVER BEEN EMPLOYED BY SHELBY PUBLIC SCHOOLS?	IF YES: DATE STARTED _____ DATE LEFT _____ POSITION WORKED _____ SCHOOL _____ REASON FOR LEAVING _____	
ARE YOU CURRENTLY ON "LAYOFF" STATUS AND SUBJECT TO RECALL?	HAVE YOU EVER BEEN DISCHARGED BY AN EMPLOYER OR RESIGNED IN LIEU OF DISCHARGE?	
HAVE YOU EVER BEEN DISCIPLINED (OTHER THAN DISCHARGE) BY AN EMPLOYER?		
IF YOU ANSWERED YES TO ANY OF THESE 3 QUESTIONS, PLEASE EXPLAIN:		

EDUCATION

SCHOOL ATTENDED	ADDRESS OF SCHOOL (CITY, STATE)	# OF YEARS ATTENDED	DEGREE RECEIVED	MAJOR/MINOR
HIGH SCHOOL				
POST SECONDARY (COLLEGE, TRADE SCHOOL)				

SPECIAL TRAINING OR ACHIEVEMENTS:

MISCELLANEOUS

DO YOU HAVE ANY FELONY CHARGES PENDING AGAINST YOU?

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

IF YOU ANSWERED YES TO EITHER OF THESE 2 QUESTIONS, PLEASE EXPLAIN:

ARE YOU ABLE TO PERFORM THE DUTIES OF THE JOB FOR WHICH YOU HAVE APPLIED?

REFERENCES: GIVE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU:

1

2

3

EMPLOYMENT HISTORY: LIST YOUR LAST 3 EMPLOYERS. ALSO, LIST AND EXPLAIN ANY PERIOD(S) OF UNEMPLOYMENT.

EMPLOYER'S NAME:		DATES WORKED (MONTH AND YEAR) FROM _____ TO _____	
ADDRESS (STREET, CITY, STATE, ZIP CODE):		TELEPHONE:	
SUPERVISOR (NAME AND TITLE):	YOUR TITLE:	SALARY:	
DUTIES AND RESPONSIBILITIES:			
REASON FOR LEAVING:			
EMPLOYER'S NAME:		DATES WORKED (MONTH AND YEAR) FROM _____ TO _____	
ADDRESS (STREET, CITY, STATE, ZIP CODE):		TELEPHONE:	
SUPERVISOR (NAME AND TITLE):	YOUR TITLE:	SALARY:	
DUTIES AND RESPONSIBILITIES:			
REASON FOR LEAVING:			
EMPLOYER'S NAME:		DATES WORKED (MONTH AND YEAR) FROM _____ TO _____	
ADDRESS (STREET, CITY, STATE, ZIP CODE):		TELEPHONE:	
SUPERVISOR (NAME AND TITLE):	YOUR TITLE:	SALARY:	
DUTIES AND RESPONSIBILITIES:			
REASON FOR LEAVING:			

SIGNATURES NEEDED:

AUTHORIZATION: I authorize Shelby Public Schools to obtain information about me from my previous employers, schools, and credit sources. I authorize my previous employers, schools that I have attended, and all credit sources to disclose to Shelby Public Schools such information about me as Shelby Public schools may request.

NAME _____
(SIGNATURE OF APPLICANT)

DATE _____

ACCURACY: I verify that the statements I have made in this application are true and complete. I understand that if I am hired, any false or incomplete statements in this application, my written letter of application, my resume, or my interview process will be grounds for immediate discharge.

NAME _____
(SIGNATURE OF APPLICANT)

DATE _____

AT WILL EMPLOYMENT: I understand and agree that in the absence of an express written contract or agreement to the contrary, signed by an authorized official of the Shelby Public School District and by me or my authorized representative, if hired, I will be an at will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I understand that no representative of the school, other than the superintendent, has authority to change the terms of an at will employment and that any such change can occur only in a written employment contract.

NAME _____

DATE _____

It is the policy of the Shelby Public School District not to discriminate on the basis of race, religion, color, national origin, sex, age, disability, height, weight, or marital status in its programs, services, or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Superintendent; 525 N. State Street; Shelby, MI 49455.